



# LISA MADIGAN

Illinois Attorney General  
Consumer Fraud Bureau  
500 South Second Street  
Springfield, Illinois 62706

Office Use Only

CLMS: \_\_\_\_\_

AG: \_\_\_\_\_

217-782-1090 • 1-800-243-0618 (Toll free in Illinois) • TTY: 1-877-844-5461

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

## YOUR INFORMATION:

Name: Mr., Mrs., Ms. (circle one) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Your telephone number(s): Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Are you a senior citizen? ☐ Yes ☐ No

Who referred you to this office? \_\_\_\_\_

## NAME OF SELLER OR PROVIDER OF SERVICE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Web site: \_\_\_\_\_

## Additional seller or provider of service involved in transaction:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Web site: \_\_\_\_\_

Has this matter been submitted to another government agency, an arbitration service, or an attorney? ☐ Yes ☐ No

If yes, please give name, address, telephone number.

\_\_\_\_\_  
\_\_\_\_\_

Is court action pending? ☐ Yes ☐ No

## INFORMATION ABOUT THE TRANSACTION:

Date of transaction: \_\_\_\_\_

Did you sign a contract? ☐ Yes ☐ No

If yes, date contract was signed: \_\_\_\_\_ (Please attach a copy.)

Was the product or service advertised? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

(Please attach a copy of the advertisement, if available.)

### How was the service advertised?

- ☐ Newspaper/magazine
- ☐ Radio advertisement
- ☐ Television advertisement
- ☐ Internet advertisement
- ☐ E-mail solicitation
- ☐ Direct mail solicitation
- ☐ Telephone solicitation
- ☐ Yellow pages of the telephone book
- ☐ Facsimile solicitation
- ☐ Door-to-door solicitation
- ☐ Display at merchant's place of business
- ☐ Display at a trade show/convention, etc.
- ☐ Other (please specify) \_\_\_\_\_

Total cost of product/service: \$ \_\_\_\_\_

Amount paid to date/down payment: \$ \_\_\_\_\_

Method of payment (check one): (Please attach a copy.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cash          | <input type="checkbox"/> Check           | <input type="checkbox"/> Money Order                  |
| <input type="checkbox"/> Credit Card   | <input type="checkbox"/> Debit Card      | <input type="checkbox"/> Bank Draft                   |
| <input type="checkbox"/> Wire Transfer | <input type="checkbox"/> Automatic Debit | <input type="checkbox"/> Other (please specify) _____ |

If you paid with a credit card, have you contacted your credit card company to register a dispute? ☐ Yes ☐ No

*(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)*

**Where did the transaction take place?**

- ☐ At my home
- ☐ Over the telephone
- ☐ By mail
- ☐ Over the Internet
- ☐ Trade show/convention/home show
- ☐ At the firm's place of business
- ☐ By facsimile
- ☐ Other (please specify) \_\_\_\_\_
- ☐ There was no transaction

Have you complained to the company or individual? ☐ Yes ☐ No

If yes, provide name and phone number of the individual(s):

\_\_\_\_\_  
\_\_\_\_\_

**FOR COMPLAINTS REGARDING MOTOR VEHICLES:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Current mileage: \_\_\_\_\_

Mileage at purchase: \_\_\_\_\_

New: ☐ Yes ☐ No

As-Is: ☐ Yes ☐ No

Warranty: ☐ Yes ☐ No

If yes, expiration date: \_\_\_\_\_

Name of extended warranty: \_\_\_\_\_

Briefly describe the transaction and your complaint.

You may use additional sheets if necessary.

**Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint.**

**PLEASE DO NOT SEND ORIGINALS.**

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What form of relief are you seeking? (E.g., exchange, repair, money back, product delivery, etc.) \_\_\_\_\_

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**READ THE FOLLOWING BEFORE SIGNING BELOW:**

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless I have checked the box below. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check here if you **only** want to notify our office of your concerns and **do not** want a mediation process initiated.

**Please return the completed form to the address at the top of this complaint form.  
Incomplete forms may be returned.**